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Bib Data Sheet

CONFIRMATION NO. 5610

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| <b>SERIAL NUMBER</b><br>10/559,397 | <b>FILING OR 371(c) DATE</b><br>12/05/2005<br><b>RULE</b> | <b>CLASS</b><br>250 | <b>GROUP ART UNIT</b><br>2881 | <b>ATTORNEY DOCKET NO.</b><br>19241 |
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## APPLICANTS

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\*\* CONTINUING DATA *Yes* \*\*\*\*\*

This application is a 371 of PCT/EP04/03027 03/22/2004

\*\* FOREIGN APPLICATIONS *Yes* \*\*\*\*\*

GERMANY 10325567.2 06/05/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/09/2006

|  |                                    |                            |                           |                                |
|--|------------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>4 | <b>TOTAL CLAIMS</b><br>24 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                    |                            |                           |                                |
| Verified and Acknowledged <i>EIA R. HASHIMI</i> <i>W</i>   | Examiner's Signature               | Initials                   |                           |                                |

## ADDRESS

272

## TITLE

Radiation protection arrangement comprising a separable cover

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1100 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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